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CONFIRMATION NO. 5132

Bib Data Sheet

SERIAL NUMBER 10/725,575	FILING OR 371 (c) DATE 12/03/2003 RULE	CLASS 602	GROUP ART UNIT 3772	ATTORI DOCKE1 SIGU300
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/437,146 12/31/2002 and claims benefit of 60/482,775 06/27/2003
 and claims benefit of 60/503,546 09/17/2003
 and claims benefit of 60/518,317 11/10/2003

KU

**** FOREIGN APPLICATIONS *******

None KU

IF REQUIRED, FOREIGN FILING**LICENSE GRANTED ** 02/27/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	ICELAND	10	28	2
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

Wound dressing

FILING FEE RECEIVED 914	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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No. _____ for following:

Other

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